

*** Rates listed for age 65-67 include the Early Enrollment and are available to individuals 65 and older who apply for coverage within 3 years of their Medicare Part B effective date. Insureds eligible for the Early Enrollment discount will receive discounts of 20% for their first twelve months of coverage, 15% for months 13-24, 10% for months 25-36, and 5% for months 37-48.

Rates listed for ages 68+ are available for those individuals applying for coverage more than 3 years after their Medicare Part B effective date and meeting underwriting requirements.

GROUP

MEDICARE SUPPLEMENT COVERAGE

SOLD IN NEW JERSEY BY

AARP (ISSUED BY UNITED HEALTHCARE)

TELEPHONE: 1-800-523-5800

Premium rate increases can occur at any time during the calendar year with authorization from the New Jersey Department of Banking and Insurance (DOBI). When DOBI authorizes a rate increase, it notifies the SHIP Office which revises the monthly premium rate and date on the comparison chart. The premiums listed are accurate as of the date on this chart, and reflect the company's filing with DOBI. Some companies may offer premium discounts for various reasons. Contact the company for more information.

| PLAN INFORMATION | | | | MEDICARE PART A HOSPITAL COSTS | | | | MEDICARE PART A SKILLED NURSING FACILITY (SNF) COSTS | | | MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.) | | | OTHER | | | |
|-----------------------|--------------------|--|---|-----------------------------------|--|---|--|--|---|--|--|---|--|------------------------------------|-------------------------------------|---------------------|-------------------------------|
| | | | | PLAN PAYS | | | | PLAN PAYS | | | PLAN PAYS | | | PLAN PAYS | | | |
| PLAN | MONTHLY PREMIUM | COMPANY MAY DENY COVERAGE FOR MEDICAL REASONS | * PRE-EX. MEDICAL CONDITION WAITING PERIOD | \$1,068 DEDUCT. (2009) | \$267 COPAY FOR DAYS 61-90 (2009) | \$534 COPAY FOR DAYS 91-150 (2009) | 100% AFTER DAY 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME | \$133.50 COPAY FOR DAYS 21-100 (2009) | AFTER 100 DAYS WHEN MEDICARE STOPS PAYING | COSTS IN A SNF NOT APPROVED BY MEDICARE | \$135 ANNUAL DEDUCT. (2009) | 20% OF MEDICARE ALLOWED AMOUNT | COSTS THAT EXCEED ALLOWED AMOUNT | PARTS A & B BLOOD DEDUCT. | FOREIGN TRAVEL EMER- GENCY | AT-HOME RECOVERY | PREVENTIVE MEDICAL CARE |
| A | \$107.75 | YES ** | 3 mos. | | YES | YES | YES | | | | | YES | | YES | | | |
| B | \$177.75 | YES ** | 3 mos. | YES | YES | YES | YES | | | | | YES | | YES | | | |
| C | \$205.50 | YES ** | 3 mos. | YES | YES | YES | YES | YES | | | YES | YES | | YES | YES | | |
| D | \$192.75 | YES ** | 3 mos. | YES | YES | YES | YES | YES | | | | YES | | YES | YES | YES | |
| E | \$203.50 | YES ** | 3 mos. | YES | YES | YES | YES | YES | | | | YES | | YES | YES | | YES |
| F | \$247.25 | YES ** | 3 mos. | YES | YES | YES | YES | YES | | | YES | YES | YES ^{100%} | YES | YES | | |
| G | \$238.25 | YES ** | 3 mos. | YES | YES | YES | YES | YES | | | | YES | YES ^{80%} | YES | YES | YES | |
| H | \$179.75 | YES ** | 3 mos. | YES | YES | YES | YES | YES | | | | YES | | YES | YES | | |
| I | \$226.25 | YES ** | 3 mos. | YES | YES | YES | YES | YES | | | | YES | YES ^{100%} | YES | YES | YES | |
| J | \$266.75 | YES ** | 3 mos. | YES | YES | YES | YES | YES | | | YES | YES | YES ^{100%} | YES | YES | YES | YES |
| ***K ^{1,2,3} | \$75.80 (65-67) | YES ** | 3 mos. | YES ^{50%} | YES | YES | YES | YES ^{50%} | | | | YES ^{50%} | | YES ^{50%} | | | |
| | \$94.75 (68+) | | | | | | | | | | | | | | | | |
| ***L ^{1,2,3} | \$110.80 (65-67) | YES ** | 3 mos. | YES ^{75%} | YES | YES | YES | YES ^{75%} | | | | YES ^{75%} | | YES ^{75%} | | | |
| | \$138.50 (68+) | | | | | | | | | | | | | | | | |

* PRE—EXISTING MEDICAL CONDITION WAITING PERIOD MAY NOT APPLY.

** SOME APPLICANTS MAY NOT BE ABLE TO PURCHASE THIS PLAN AFTER THE OPEN ENROLLMENT PERIOD.

1. YOU PAY PART OF THE COST OF SOME COVERED SERVICES UNTIL YOU MEET THE ANNUAL OUT-OF-POCKET LIMIT OF \$4,620 FOR PLAN K AND \$2,310 FOR PLAN L.

2. YOU PAY 50% (PLAN K) OR 25% (PLAN L) OF YOUR SHARE OF HOSPICE COSTS.

3. YOU PAY NO COINSURANCE FOR PART B COVERED PREVENTIVE CARE SERVICES.

(This information can be found on our web site at www.state.nj.us/health/senior/ship.shtml)